



Authorization Agreement for Direct Payments

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

NAME _____
LOAN NUMBER _____

I (we) hereby authorize **VIRGIN ISLANDS HOUSING FINANCE AUTHORITY**, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____
BRANCH _____
CITY _____ STATE _____ ZIP _____
ROUTING NUMBER _____ ACCOUNTNO. _____

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

NAME(S) _____
LOAN NUMBER _____
(PLEASE PRINT)

DATE _____ SIGNED X _____
DATE _____ SIGNED X _____

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.